

Crosswalk of interRAI-HC to MDS

interRAI-HC item	MDS 3.0 Comprehensive 1.13.2 item
Section A 1	A0500
Section A 2	A0800
Section A 3	A0900
Section A 4	A1200
Section A 5	A0600/A0700
Section A 6	A0100
Section A 7	payors
Section A 8	1 - Medicaid eligible 4 - continued stay request
Section A 9	A2300
Section A 10	Q0300 - goal
Section A 11	zip code
Section A 12	always 9
Section A 13	prior to admission
Section A 14	time since hospitalized
Section B 1	A1600
Section B 2	A1000
Section B 3	A1100
Section B 4	residential history
Section C 1	C1000
Section C 2	C0700/C0800/C0900
Section C 3	C1300
Section C 4	C1600
Section C 5	change in decision making ability
Section D 1	B0700
Section D 2	B0800
Section D 3	B0200
Section D 4	B1000
Section E 1	D0500
Section E 2	D0200
Section E 3	E0200/E1000
Section F 1	relationships
Section F 2	lonely
Section F 3	change in social activities
Section F 4	time alone
Section F 5	life stressors

interRAI-HC item	MDS 3.0 Comprehensive 1.13.2 item
Section G 1a	meal preparation
Section G 1b	housework
Section G 1c	managing finances
Section G 1d	managing medications
Section G 1e	phone use
Section G 1f	stairs
Section G 1g	shopping
Section G 1h	transportation
Section G 2a	G0120
Section G 2b	G0110.J
Section G 2c	G0110.G
Section G 2d	G0110.G
Section G 2e	G0110.C and D
Section G 2f	G0110.E
Section G 2g	G0300.D
Section G 2h	G0110.I
Section G 2i	G0110.A
Section G 2j	G0110.H
Section G 3	G0110.F/G0600
Section G 4	activity level
Section G 5	G0900
Section G 6	change in ADL status
Section G 7	driving
Section H 1	H0300
Section H 2	H0100
Section H 3	H0400
Section H 4	pads or briefs?
Section I 1	section I
Section I 2	I8000
Section J 1	J1700/J1900
Section J 2	J1800
Section J 3	G0300
Section J 4	J1100
Section J 5	D0200.D
Section J 6	J0400/J0600/J0100
Section J 7	J1400/acute/unstable
Section J 8	self reported health status
Section J 9	J1300/alcohol

interRAI-HC item	MDS 3.0 Comprehensive 1.13.2 item
Section K 1	K0200
Section K 2	K0300/fluid
Section K 3	K0510
Section K 4	L0200
Section L 1	M0300
Section L 2	M0900
Section L 3	M1030
Section L 4	M1040
Section L 5	M1040
Section L 6	M1040
Section L 7	M1040
Section M 1	medication list
Section M 2	drug allergy
Section M 3	compliance with medications
Section N 1	O0250/O0300/
Section N 2	O0100
Section N 3	O0400
Section N 4	O0600/
Section N 5	P0100
Section O 1	Q0100.C
Section P 1	key informal supports/assistance provided at home
Section P 2	status of informal support
Section P 3	hours of informal support at home
Section P 4	strong family relationship
Section Q 1	home environment
Section Q 2	accessible housing
Section Q 3	access to community
Section Q 4	finances
Section R 1	care goals met in last 90 days
Section R 2	improved self sufficiency?
Section R 3	independent ADLS before at home
Section R 4	independent IADLS before at home
Section R 5	timing of deterioration
Section S 1	A2000
Section S 2	A2100
Section T 1	Z0400

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Additional Indiana Questions:

Is nursing level intervention required for the safe management of uncontrolled seizures?	YES or NO
Is medical observation and physician assessment required at least every 30 days due to a changing, unstable physical condition (evidenced by changes in orders related to medications, diet, oxygen levels, other treatments, etc.)?	YES or NO
Is direct assistance from others is required for special routines or prescribed treatments that must be followed at least five (5) days per week as part of acute rehabilitative Physical Therapy, Occupational Therapy, and/or Speech Therapy? General strengthening exercise programs and habilitation are excluded.	YES or NO
Is direct assistance from others is required to administer physician prescribed medicine (excluding vitamins) by intramuscular, intravenous, or subcutaneous injection more than one (1) time per day? (Note: other than insulin injections for an individual whose diabetes is under control)	YES or NO
Does the individual require daily recording of the kind and amounts of fluids and solids intake and output?	YES or NO
Does the individual require assistance with passive range of motion exercise on a daily basis per medical plan of care?	YES or NO
To maintain a stable medical condition, does the individual require monitoring of his or her health care plan on a 24 hour a day, seven day a week basis by a licensed nurse?	YES or NO